Breastfeeding &...

Policy

Tools and Methods for Analysis and Advocacy

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Current Issues

> "Breastfeeding promotion isn't needed here. Nearly all mothers breastfeed. We need to put our resources elsewhere to save children's lives."

Health officials worldwide frequently make statements like the one above, but the reality is captured by an example from a West African country. Although a national survey of mothers of children less than four months of age showed that 97 percent of mothers reported breastfeeding, the same survey showed that only 15 percent breastfed exclusively (no water, other liquids or foods, or breastmilk substitutes).

Exclusive breastfeeding is the optimal feeding practice for about the first six months. It has been estimated that increasing this optimal infant feeding practice could save 1.5 million infant lives annually, given that up to 55 percent of infant deaths from diarrheal disease and acute respiratory infections (ARIs) may result from sub-optimal infant feeding practices. In the West African country referred to here, sub-optimal breastfeeding practices account for an estimated 25 percent of deaths of children under one year of age.

Lack of awareness of the extent and impact of sub-optimal breastfeeding practices leads to an unsupportive policy environment and underinvestment in programs to protect and promote optimal breastfeeding, a core child survival intervention.

LINKAGES Response

LINKAGES is helping develop several policy analysis and advocacy tools to increase awareness of the impact of sub-optimal breastfeeding practices on infant survival, growth, and development. These tools aim to:

- Help decision-makers understand the social, human, and economic costs of sub-optimal infant and young child feeding
- Identify infant feeding policy and program areas in need of strengthening
- Mobilize program planners to join forces and meet those needs to better promote, protect, and support optimal infant feeding

Infant and Young Child Feeding: National Tool for Assessing Practices, Policies, and Programs
LINKAGES is collaborating with WHO in the design of an assessment and scoring tool to help identify strengths and weaknesses of national policies and programs and determine where improvement may be needed to meet the aims and objectives of the new WHO Global Strategy for Infant and Young Child Feeding. In 2002, field tests of the tool were conducted in nine countries.

The National Tool for infant and young child feeding (IYCF) has three parts:

- IYCF Practices and Background Data: assesses the adequacy of key infant and young child feeding practices and examines other child health, economic, and demographic indicators.
- IYCF Policies and Targets: focuses on key actions and targets identified by the Innocenti Declaration and explores what steps countries are taking to implement the new Global Strategy for Infant and Young Child Feeding.
- National IYCF Programs: focuses on other important aspects of a comprehensive national program such as IEC, pre-service and in-service training, community outreach and support, and monitoring and evaluation.

The tool will be finalized for presentation at the World Health Assembly in 2003 and disseminated to all 192 WHO member states.

Quantifying the Benefits of Breastfeeding
In 1992 the Academy for Educational Development created *Profiles*, a process for nutritional policy analysis and advocacy that involves local professionals in translating nutritional data into arguments that make sense to policy makers and estimating the consequences of poor nutrition on human and economic development.

LINKAGES

In 1997 LINKAGES enhanced *Profiles* by incorporating into its computer-based model calculations of the health and economic benefits of breastfeeding. The model uses demographic, economic, health, and breastfeeding behavior data to estimate:

- Relative risks of diarrheal and ARI morbidity based on different infant feeding scenarios
- Quantity of breastmilk produced (actual and potential)
- Morbidity and mortality attributable to sub-optimal breastfeeding
- Fertility effects of breastfeeding
- Economic value of breastfeeding

To date, LINKAGES has supported applications in 11 countries and *Profiles* training of trainers at the regional level throughout Africa.

LINKAGES will be developing guidelines to help *Profiles* users understand the assumptions, calculations, and the information sources used in the models. Guidelines will be available in late 2003.

HIV and Infant Feeding Risk Assessment Model

In many countries where LINKAGES works, a significant proportion of mothers are infected with HIV. The risk of transmitting HIV to a breastfeeding infant in these circumstances has had a dramatic impact on the very definition of "optimal infant feeding." In resource-poor settings, where breastmilk substitutes may not be available, affordable, or safe, the risk of transmission through breastfeeding must be weighed against the risk of infant death due to artificial feeding. For infected mothers, healthworkers who counsel them, and public health policy-makers, it is crucial to understand this balance of risks.

Drawing on the many examples in the literature, LINKAGES developed a spreadsheet model to quantify and compare these risks. The model predicts mother-to-child transmission and HIV-free survival during six age intervals from 0–24 months for different infant feeding strategies. The model has helped inform global, national, and institutional policies regarding HIV and infant feeding.

Vitamin A and Breastfeeding: A Simulation Model

Vitamin A deficiency affects 15–27 percent of pre-school aged children in poor countries. In affected communities it accounts for an estimated 23 percent of child mortality by lowering immunity and increasing susceptibility to common infections. Breastmilk normally contains high levels of vitamin A and can protect against deficiency. But when the mother herself does not get enough vitamin A, even breastfed infants are likely to become deficient by about six months.

Two complementary strategies to protect infants from vitamin A deficiency and to avoid related illness and death are: 1) promoting and protecting breastfeeding, and 2) increasing the level of vitamin A in breastmilk by providing the mother with a high-dose vitamin A capsule shortly after delivery. Quantification of the contribution of these strategies will help child health advocates promote both optimal breastfeeding practices and improved maternal vitamin A status.

LINKAGES collaborated with MOST (USAID's micronutrient project) to develop a spreadsheet model to quantify the benefits of each of these strategies, alone and in combination, to infant vitamin A nutrition. The results suggest that both strategies are highly effective for improving vitamin A nutrition of infants and should be strengthened as key components of any comprehensive child survival program.

Related LINKAGES and AED publications

- Breastmilk: A Critical Source of Vitamin A for Infants and Young Children (Facts for Feeding, 2001)
- *Profiles*: A Process for Nutrition Policy Analysis and Advocacy (1998)
- Quantifying the Benefits of Breastfeeding: A Summary of the Evidence (2002)

For more information,
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AED Academy for Educational Development